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CONFIRMATION NO. 8446

SERIAL NUMBER 10/667,164	FILING DATE 09/17/2003 RULE	CLASS 433	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. 4285.17865-PROV FOR
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APPLICANTS

Gary J. Pond, Racine, WI;

** CONTINUING DATA *****

This appln claims benefit of 60/411,297 09/17/2003

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 12/12/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	WI	DRAWING 3	11	1
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>			

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TITLE

Handheld device for applying dental materials

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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